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## BIB DATA SHEET

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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

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**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED KINGDOM 0209481.1 04/24/2002

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance			
Verified and Acknowledged	/PAUL E ZAREK/ Examiner's Signature	Initials	GERMANY	0	4

**ADDRESS**

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**TITLE**

Use of gaba-b receptor positive modulators in gastro-intestinal disorders

<b>FILING FEE RECEIVED</b> 1038	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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